STATEMENT OF DISSOLUTION

Each political committee, including any subsiditary committee, which after having filed an annual statement of organization wholes to dissolve or disband and (1) determines that it has not received contributions, transfers of funds, or loans and has not made expanditures, transfers of funds, or loans in the aggregate during the calendar year in excess of five hundred dollars (\$500) and does not articipate during so or (2) determines that it will no longer receive any contributions, loans, or transfers of funds and will no longer make any expanditures, loans, or transfers of funds, shall file a statement of dissolution with the supervisory committee prior to dissolving. All committee debts and obligations must be paid or otherwise extinguished and any funds on hand must be expanded or otherwise distributed before a political committee can dissolve.

any funds on hand must be expended or otherw	ilee dis	stributed before	a political committee car	dissolve.
Hand deliver or mail to: CAMPAIGN FINANCE	, 8401	United Plaza B	livd., Suite 200, Baton R	louge, LA 70898-7017.
Full Name and Address of Political Committee East Caddo PAC 236 Presion Avenue				CE USE ONLY
Shreveport	LA	71105-3308	AID	0902785
			712	785
2. Name and Address of Committee Chairperson			T .	
				•
	Phones	see attached show	da.	<u> </u>
9. Was this Committee the Principal Compaign Committee of	e Cendi	idale?		Yes <u>X</u> No∫
If yes, give the name of the Condidate	Ploc	sse see altached si	heels.	* .
4. Was this Committee a Subsidiary Committee designated by	y ether :	e Candidele or a Pric	ncipal Campaign Committee?	Yes _XNo
If yes, give the name of the Candidate or Committee		Please see atta	iched sheets.	
WE HEREBY CERTIFY that this committee or otherwise distributed.	has no	unpaid debts	or obligations and that all	funds have been expended
WE HEREBY CERTIFY that this committee committees, transfers of funds, or loans (\$500) and does not anticipate doing so, or (2 expenditures, transfers of funds, or loans during	a in the) will e	e aggregate dur receive no contri	ing the calendar year in e ibutions, transfers of fund	excess of five hundred dollars
WE FURTHER CERTIFY that a completed	Comm	ittee Report acc	companies this Statement	of Dissolution.
Dated <u>02/10/2009</u> .				
Grow Survey		<u> </u>		
Signature of Committee Chairpercon			318-868-8379 Daytime Telephone I	Number
Shille			318-221-2747 Davime Telephone	
Signisture of Committee Chairperson Form 286, Rev. 3798.	/		Legistra Languitono	

filiated Persons / Organizations		2/2	
name and Address of Chair Person lok C Murrell, Jr. 340 Fern Avenue	Candidate Information Office Bossist (backets title of office as well as partials, City, lown moder election district)		
hreveport LA 71105			
	Name of Political Party:		
beliperace:	SUPPORTED CPPOSED by the Committee		
tylinte Telegrome (Preparer):	Rel of Aff. Org. to Contain		
			